



# State of New Hampshire 2010 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2010

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 09/02/2010

Business ID: 340974

William M. Gardner

Secretary of State

SIMPLY NOT ORDINARY, L.L.C.

PO BOX 146

INTERVALE, NH 03845

## ADDRESS OF PRINCIPAL OFFICE:

71 SACO RIDGE RD

BARTLETT, NH 03812

## REGISTERED AGENT AND OFFICE:

BATTLES, WILLIAM R, ESQ

PROFESSIONAL BUILDING, MAIN STREET

NORTH CONWAY, NH 03860

ENTITY TYPE: LLC

BUSINESS ID: 340974

STATE OF DOMICILE: NEW HAMPSHIRE

MANUFACTURE OF SIGNS & GRAPHICS  
BUSINESS SERVICES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Karyn Lynne Bush**

STREET **71 Saco Ridge Rd**

CITY/STATE/ZIP **Bartlett NH 03812**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

## MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

**Karyn Lynne Bush**

Please print name and title of signer:

**Karyn Lynne Bush**

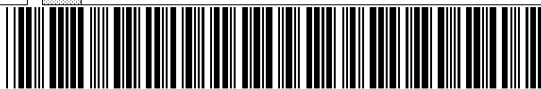
NAME

**MANAGER**

TITLE

FEE DUE: **\$150.00**

E-MAIL ADDRESS (OPTIONAL):



034097420101506

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529